SHAMLOO
ELITE SPINE & PAIN INSTITUTE

Laser Microdiscectomy Overview

Microdiscectomy is a minimally invasive procedure to remove lumbar (low back) herniated disc material that is pressing on a nerve root or the spinal cord. It is done in an outpatient surgery center using a special microscope to view the disc and nerves and is done under fluoroscopy imaging.

This procedure is done to decrease pain and allow you to regain normal movement and function.

You and your doctor may consider this procedure if:

- You have very bad leg pain, numbness, or weakness that keeps you from being able to do your daily activities.
- Your leg or low back symptoms do not get better after at least 6 weeks of nonsurgical treatment.
- Results of a physical exam show that you have weakness, loss of motion, or abnormal feeling that is likely to get better after this procedure

Risks

As with any procedure, there are some risks.

- Procedures don't always work, or it may not work any better than other
- There is a slight risk of damaging the spine or nerves.
- As this procedure requires breaking the skin, there is a small risk of infection.
- There are slight risks associated with the type of anesthesia administered.

What happens before the procedure?

In the doctor's office, you will sign consent and other forms so that the doctor knows your medical history (allergies, medicines/vitamins, bleeding history, anesthesia reactions, previous surgeries). Discuss all medications (prescription, over-the-counter, and herbal supplements) you are taking with your health care provider. Presurgical tests (e.g., blood test, electrocardiogram, chest X-ray) may need to be done several days before surgery. Consult your primary care physician about stopping certain medications and ensure you are cleared for surgery.

Continue taking the medications your doctor recommends. Stop taking all non-steroidal anti-inflammatory medicines (ibuprofen, naproxen, etc.) and blood thinners (Coumadin, aspirin, Plavix, etc.) 7 days before surgery. Stop using nicotine and drinking alcohol 1 week before and 2 weeks after surgery to avoid bleeding and healing problems.

What happens during the procedure?

Step 1: prepare the patient

You will lie on your back on the operative table and be given a light sedative anesthesia. Once asleep, you are rolled onto your stomach with your chest and sides supported by pillows. The area where the needle will be inserted is cleansed and prepped.

Step 2: insertion of needle

With the aid of a fluoroscope (a special X-ray), the doctor passes a thin needle through the skin down to the locate the affected disc.

Step 3: remove the disc fragments

The doctor looks through a surgical scope to find the herniated disc. A laser is used to perform the discectomy on the effected disc. The entire disc is not removed

Step 4: close the incision

All tools used in the puncture are removed. The puncture is closed with a Band-Aid and does not usually require staples, stitches or skin glue.

What to Expect After your Procedure

After your procedure, you will be encouraged to get out of bed and walk as soon as the numbness wears off. You can use prescription medicines to control pain while you recover. You can slowly resume exercise and other activities.

Other things to think about include the following:

- You may not be comfortable sitting at first. Most people avoid having to sit for longer than 15 or 20 minutes. But sitting will feel more comfortable over time.
- Walk as often as you can for the first several weeks. Getting up often to walk around will help lower the risk that too much scar tissue will form.
- Many people are able to resume work and daily activities soon after surgery. In some cases, your doctor may suggest a rehabilitation program. This may include physical therapy and home exercises.
- If you work in an office, you may go back to work within a few days. If your job physical labor (such as lifting or operating machinery that vibrates) you may be able to go back to work 2 weeks after your procedure.